

## OTHER REMEDIES

For other sores which are not as serious, I have seen the heathens crush the foliage of a plant resembling a mangle tree,<sup>1</sup> and this juice makes a more effective cure than the ointment of the isis<sup>2</sup> or amarillo.<sup>3</sup> It heals the sores, kills the worms, and restores the flesh. For this last operation the powders from an herb resembling the *manso*,<sup>4</sup> which grows on the edge of the swamps, are very effective. I have seen the deep wounds inflicted by bulls cured by the roasted roots of the *carrizo*,<sup>5</sup> and I have cured such wounds by the same method myself. The *lentejuela*,<sup>6</sup> which abounds on this frontier of San Miguel, is particularly effective against boils and ulcers. The plants *yerva des pasmo*,<sup>7</sup> *yerva del venado*,<sup>8</sup> *yerva del fabardillo*,<sup>9</sup> and *choya*<sup>10</sup> are very good for bladder stone. In short, if, from the beginning a diligent search for the medicinal powers of the many plants which grow in California had been made, this information could have been gathered into a rare and useful book on medicine. With the knowledge that I have of the language of the Californians, I have been able to make these findings for myself; and if the many tasks and pursuits which surround the daily life of a frontier missionary did not take up the major part of my day, I would be able to add to these findings; but let that suffice. Let each one form the opinions he pleases, the fact still remains that the actual disease has spread through all of the missions with the exception of those on the frontier.

It is certain that there are a few missions in which the converted Indians have had many singular ailments of the chest, and in others they are very robust. In a few missions the natives believe that to become baptized is to become afflicted with numerous ailments, because their neighbors, who are heathens, are healthy and hardy. Their condition can be ascribed to the way they live, which is altogether different from that of the Christians; and this fact should be borne in mind by the missionaries. It is very necessary to understand them, and they should not be removed too suddenly from their native haunts.

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<sup>1</sup> The mangrove, *Rhizophora mangle*.

<sup>2</sup> Probably refers to the holly, *Primus ilicifolia*.

<sup>3</sup> This term was applied to numerous plants of different species.

<sup>4</sup> The olive, probably *Ximenia americana*. The olive was used medicinally throughout tropical America.

<sup>5</sup> A kind of coarse sand grass, *Phragmites communis*.

<sup>6</sup> Literally lentil. More likely some kind of acacia, possibly *Acacia lentisafolia*.

<sup>7</sup> Ribbon wood, *Adenostoma sparsifolium*.

<sup>8</sup> A shrub, *Porophyllum gracile*.

<sup>9</sup> I can find no trace of this plant in the modern literature.

<sup>10</sup> A cactus, *Opuntia cholla*.

Every advance in our knowledge increases the potential capacity of man. But the mere increase of knowledge, and particularly the knowledge of preventive medicine or the ways and means of personal hygiene and well-being, can do nothing of itself to prevent disease and to safeguard health, unless it be understood, accepted and practiced.—Sir George Newman.

## CLINICAL NOTES AND CASE REPORTS

## EPITHELIOMA OF SCALP\*

## REPORT OF CASE

By GEORGE J. HEPPNER, M.D.  
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MRS. M. F., age forty-eight, housewife—an average healthy, normal woman, a disciple of faith healers. In 1928, while dancing, she was accidentally bumped on the head by a friend's elbow, causing a hairpin to penetrate through the scalp, just above the left ear, and drawing blood. There was no particular discomfort attached to the injury; but during the course of the year a small tumor mass, pedunculated in character, started growing at the site of the original injury. A faith-healing practitioner was called in consultation, and despite his earnest endeavors, the tumor mass continued to grow for the next four years. She was first seen by a physician in 1932, at which time she had a pedunculated cauliflower-like mass just behind the left ear some eight centimeters square; there were many crypts in the mass; it exuded a foul-smelling purulo-sanguineous discharge, and it was necessary, at all times, to keep the tumor mass covered with cotton and dressing.

In an endeavor to correctly inform the patient as to the necessity of surgery, too much emphasis on prognosis was given by the doctor, and the patient decided to die, if necessary, with the tumor mass on, rather than to subject herself to surgery. On October 18, 1934, due to persistent efforts on the part of the patient's husband—partially on account of a continuous dribbling of purulo-sanguineous matter down her neck, and partially on account of a new-born faith in surgery—the patient consulted the writer, and surgery was agreed upon.

Examination at this time showed a large tumor mass just behind, and involving the left ear, some 8 by 10 centimeters in size, and 22 centimeters off the base of the scalp; the tumor appeared very similar to brain tissue but, of course, was entirely independent of the cranial contents, being connected to the overlying skin only. An x-ray revealed no bony involvement. The physical examination showed the patient to be in an advanced stage of carcinomatosis with cachexia. The heart had an occasional dropped beat. The lungs showed occasional diffuse coarse râles. The liver and spleen were both noticeably enlarged; and the urine showed many pus cells, but was otherwise negative. There was a moderate ankle edema; large external hemorrhoids, and a copious vaginal discharge.

With only the thought in mind of relieving the distressing situation on the head, and realizing that the patient was too far gone for cure, surgery was decided upon.

**Procedure.**—Under avertin and gas anesthesia, with the radio knife, the entire mass was excised down to the skull. Bleeding was stopped by electrocoagulation, ligation and suture; but few vessels were ligated in the entire area, the electrocoagulation taking care of most of the bleeding.

After the entire mass and area had been removed and cleaned up, the remaining tissues had a healthy appearance. In order to cover this vast denuded area, a plastic operation was performed, moving over a considerable amount of skin from the face, which was slipped back by a sliding graft; also the skin of the neck was undermined and slipped upward. The skin of the forehead and upward part of the face was slipped backward; the skin of the back of the ear likewise was loosened and stretched backward so that the area

\* The author wishes to express his appreciation for the kind cooperation of Dr. Ferd W. Callison of this city at the time of surgery; to Doctors Ingber and Rodenbaugh, for their cooperation with the x-ray therapy; and to the general and pathological staff of the Mt. Zion Hospital, at which organization the work was done.

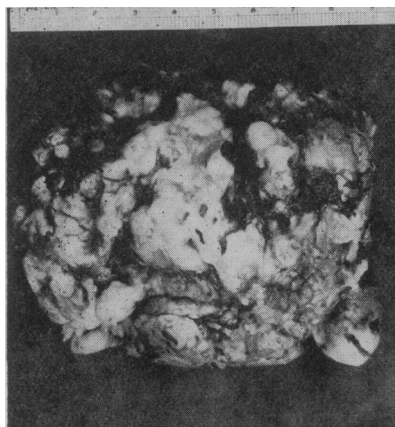


Fig. 1.—Pathological specimen hardened in formalin 7.5 x 9.0 cm.



Fig. 2.—Three days after surgery, showing location of tumor, and result of sliding skin graft. The area between the suture lines, subsequently sloughed away.



Fig. 3.—February 12, 1935, sixteen weeks after surgery—shows practically complete healing. Dark areas are scarlet red ointment.

was covered with the extension, with an exception of an area of 4.4 by 6.6 centimeters in the center of the same. This area was then covered with vaselin gauze; dressings were applied; a rubber dam was inserted through a stab puncture at the lower edge of the wound in the neck; a sponge was placed over the lower face and neck in the area where the largest graft was performed, and the entire area was tightly bandaged.

Pathological report of removed tumor mass: Basal cell epithelioma.

Progress notes: Uneventful convalescence in hospital for ten days. Use of hot oil (olive) compresses instituted, changed every three hours. At discharge, it became evident that graft transplants were due to fail, as slough and gangrene were already developing.

November 15, 1934: At point where drain tube was inserted, there has developed a definite epithelioma of almond-sized proportions. X-ray therapy instituted.

December 6, 1934: Head looks remarkable; drainage has ceased, and the new epithelioma has flattened down to level of skin.

December 18, 1934: For the past two weeks has been on urotropin, with some improvement. Has a good deal of general pain, especially right arm and leg

(always lies on these); first attempt to lie on her back, successful. Abdomen swollen considerably, but no fluid wave is present. Quite unable to palpate through the abdomen, but there is definite epigastric fullness, which probably is the liver enlarged. Prognosis, poor.

December 25, 1934: Continues poorly. The liver occupies the upper half of the abdomen. Edema of ankles and thighs is intense. The head meanwhile is healing wonderfully well.

January 2, 1935: No changes generally. Teeth have lost good deal of calcium, and have become sharp. Dentist to file teeth smooth.

January 16, 1935: Been running septic temperature for a week; coughing more. No change in general condition.

January 30, 1935: Temperature normal all week. Some relief at night with use of codein tablets. Still using urotropin; also bromids for nervousness.

February 5, 1935: Head practically recovered. Last x-ray treatment today.

February 12, 1935: Edema of both legs still intense; there is also some edema of the back; and a good deal of swelling in the right arm. Salyrgan 10 per cent, one-half cubic centimeter given intravenously.

March 15, 1935: Beginning signs of uremia, with anuria; muscular twitching, and lapse of memory.

March 17, 1935: Expired of uremic poisoning.

X-ray treatments were given this patient through the office of Doctors Ingber and Rodenbaugh of this city. The dosage and frequency of treatments was as follows: 3250 r-units in divided doses in eight weeks, using two ports 40 centimeters distance, 140 k. v., and copper filter.

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### BENIGN HYPERTROPHIC PROSTATE

REPORT OF CASE OF LONG STANDING PERSISTENT BLEEDING FOLLOWING TRANSURETHRAL RESECTION

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A NUMBER of cases of moderate to massive hemorrhage immediately following transurethral resection are reported from time to time in the literature. The following case differs from these in that no unusual bleeding occurred immediately after resection, but that moderate to marked hematuria persisted for four months following resection, despite all efforts to stop the prostatic bleeding.

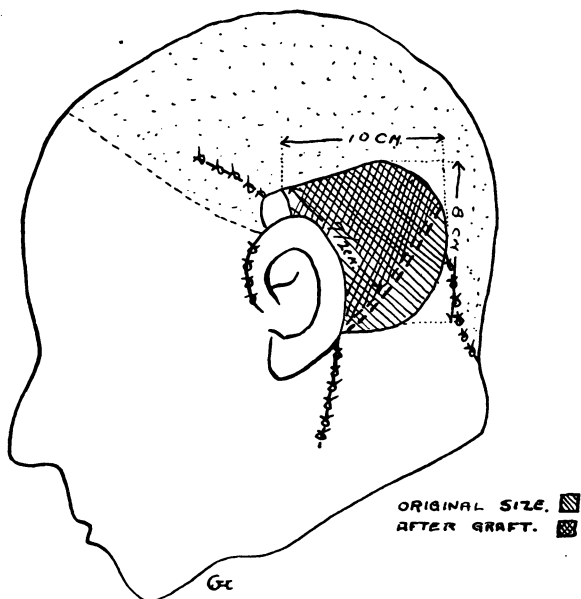


Fig. 4.—M. F.—48. Epithelioma scalp. Location and size of tumor before surgery and after sliding graft.